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CONFIRMATION NO. 5071

<b>SERIAL NUMBER</b> 10/675,068	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> SURGIF.001A
<b>APPLICANTS</b> Richard J. Harp, Carlsbad, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/414,690 09/27/2002 721 (v)				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 12/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Harp</u> Examiner's Signature <u>JD</u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 41	<b>TOTAL CLAIMS</b> 105
<b>INDEPENDENT CLAIMS</b> 10				
<b>ADDRESS</b> 20995				
<b>TITLE</b> Shielded reciprocating surgical file				
<b>FILING FEE RECEIVED</b> 1499	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	